| oucher prep               |                      | URSABLE  |                  |                |            | 360R0                 |                       |             | ID BY      |      |  |
|---------------------------|----------------------|--|------------------|----------------|------------|-----------------------|-----------------------|-------------|------------|------|--|
| ομείτει μίεμ              | ared at              | (Department, bureau, or e  |                  |                |            |                       |                       |             |            |      |  |
|                           | area at              | (Give  | place and date)  |                |            |                       | -                     |             | #          | 71   |  |
| he united s               | STATES, Dr.,         | Payee's Acco   | ount No          |                |            |                       | 1                     | 6.106       | 12 7 (3    | ٦    |  |
| 70                        |                      |  |                  |                |            |                       |                       |             | 3 753      |      |  |
| V                         |                      | (Payee)  |                  |                |            |                       |                       | COPY        | OF C       |      |  |
|                           | (A.d                 | dress) (City   |                  |                | State)     |                       | _                     |             |            |      |  |
| No. and Date of           | Date of Delivery     | ARTICLES   | OR SERVICES      |                |            |                       | UNIT                  | PRICE       | AMOU       | NT   |  |
| Order                     | or Service           | (Enter description, item num<br>schedule, and other info<br>Discount Terms | rmation deem     | ed necessary)  |            | QUANTITY              | Cost                  | Per         | Dollars    | C    |  |
|                           |                      | Costs  |                  |                |            |                       |                       |             |            |      |  |
|                           |                      | 00800  |                  | FOIAb          | 3a         | 1 1                   |                       |             |            |      |  |
|                           |                      |  |                  |                |            |                       |                       | }           |            |      |  |
|                           |                      |  |                  |                |            |                       |                       |             |            |      |  |
|                           |                      |  |                  |                |            | 1                     |                       |             |            |      |  |
| YMENT:<br>Complete        |                      | FOIAb3b  |                  |                |            |                       |                       |             |            |      |  |
| Complete      <br>Partial |                      |  |                  |                |            | }                     |                       |             |            |      |  |
| Final 🗌                   |                      | Use continuation   | sheet(s) if nece | ssarv          |            |                       |                       |             |            |      |  |
| ipped from                |                      | to Weight  |                  | Government     |            | <u> </u>              |                       | Total       | 69-1       |      |  |
| sertify that the          | above bill is correc | t and just and that payment has no   | ot been received | d.             |            | e must NO             |                       |             |            |      |  |
|                           |                      | (Sign original only)   |                  |                | Differenc  | es                    |                       |             |            |      |  |
|                           |                      | (Digit original only)  |                  |                |            |                       |                       |             |            |      |  |
| ate 2-28-57               | 7 *Payee             | Phisertificate not required when a like certificate is m                   |                  |                |            |                       |                       |             |            |      |  |
|                           |                      |  |                  |                |            | nt verified;          | (                     | wit         | \ <u>_</u> |      |  |
| Per                       | AlOl                 | Title Date   |                  |                |            | ture or initi<br>ate  |                       | nvoice Rec' |            |      |  |
| ontract No.               |                      |  | Req. No.         |                |            | ate                   | <del></del>           | nvoice ivec | u.         |      |  |
| rsuant to author          | rity vested in me,   | I certify that this account is correct                                     | and proper for   |                |            |                       |                       |             |            |      |  |
| † Approved for \$         |                      |  |                  | †(Authorize    |            |                       | d Certifying Officer) |             |            |      |  |
| v                         |                      | OR.  | SIGN<br>IGINAL   |                |            |                       |                       |             |            |      |  |
| ,                         |                      |  | DNLY             |                |            |                       |                       |             |            |      |  |
| itle                      |                      |  |                  |                |            |                       |                       |             |            |      |  |
|                           | THE REVERSE OF T     | HIS FORM MUST BE EXECUTED WHEN PURCH                                       | IASES ARE MADE O | R SERVICES SEC | URED WITHO | U <b>T W</b> RITTEN A | GREEMENT I            | IN ANY FORM |            | mug. |  |
|                           | ACCOU                | NTING CLASSIFICATION (Approp   | priation Symbo   | ol must be sh  | own; othe  | r classificat         | lon optior            | nal)        |            |      |  |

## Approved For Release 2000/04/11 : CIA-RDP64-00360R000500030085-1 METHOD OF OR ABSENCE OF ADVERTISING

## METHOD OF ADVERTISING

|    | Advertising in newspapers Yes \( \subseteq \text{No } \subseteq. \)  |
|----|--|
| 2. | (a) Advertising by circular letters sent to dealers.   |
|    | (b) And by notices posted in public places Yes \( \square\) No \( \square\).   |
|    | (If notices were not posted in addition to advertising by circular letters sent to dealers, explanation of such omission must be made below.)  |
|    | ABSENCE OF ADVERTISING   |
|    | Without advertising, under an exigency of the service which existed prior to the order and would not admit of the delay incident to advertising.   |
| 4. | Without advertising in accordance with   |
| 5. | Without advertising, it being impracticable to secure competition because of   |
|    | ,  |
|    |  |
|    |  |
|    | (Here state in detail the nature of the exigency or circumstances under which the securing of competition was impracticable under 3 and 4)   |
| pr | Note.—The above form "Method of or Absence of Advertising" is to be used when purchases are made or services secured under oper authority without written agreement in any form. In case of a written agreement (formal contract, proposal, and acceptance, or |

broper authority without with without without

## Comptroller Gear Doroved September 7, 1950 (Gen. Reg. No. 51, Supp. No. 11) September 7, 1950 Services Other Than Personal

CONTINUATION SHEET

| No. and Date<br>of Order | Date of                | ARTICLES OR SERVICES  | OUAN          | UNIT PRICE |     | AMOUNT  |     |
|--------------------------|------------------------|---|---------------|------------|-----|---------|-----|
|                          | Delivery<br>or Service | (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) | QUAN-<br>TITY | Cost       | Per | Dollars | Cts |
|                          |                        | Contract AlOl - System IV   |               |            |     |         |     |
|                          |                        | Direct Costs Properly Chargeable to Contract AlOl for the period 2/11/57 thru 2/24/57                           |               |            |     |         |     |
|                          |                        | Labor for the period February 11, 1957 thru February 24, 1957   |               |            |     | FOIAb   | 3a  |
| DIAb3a                   |                        | Overhead computed for Electronic<br>Insturmentation Division at interim<br>rate of                              |               |            |     |         |     |
|                          |                        | Total Labor and Overhead  |               |            |     |         |     |
| DIAb3a                   |                        | G & A expense computed at interim rate of   |               |            |     |         |     |
|                          |                        | Total Costs   |               |            |     |         |     |
|                          |                        |   |               |            |     |         |     |
|                          |                        |   |               |            |     |         |     |
|                          |                        |   |               |            |     |         |     |
|                          |                        |   |               |            |     |         |     |
|                          |                        |   |               |            |     |         |     |
|                          |                        |   |               |            |     |         |     |
|                          |                        |   |               |            |     |         |     |